## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

| SERIAL NO.   | FILING DATE |  |  |  |  |
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| APPLICANTICS |             |  |  |  |  |

CLAIMS

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| 29<br>30        | <b>  </b>    | <del>- 82</del> | <b> </b>     | -  |          |   |  |  |  |
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| 33              |              | OS              |              |  |          |   |  |  |  |
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| TOTAL IND.      |              | 4               |              | 13   |          |   | ①  |  |  |
| TOTAL DEP       |              |                 | 37           |  |          |   |  |  |  |
| TOTAL<br>CLAIMS |              | Feb.            | 20           |  | )-       |   |  |  |  |
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